

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

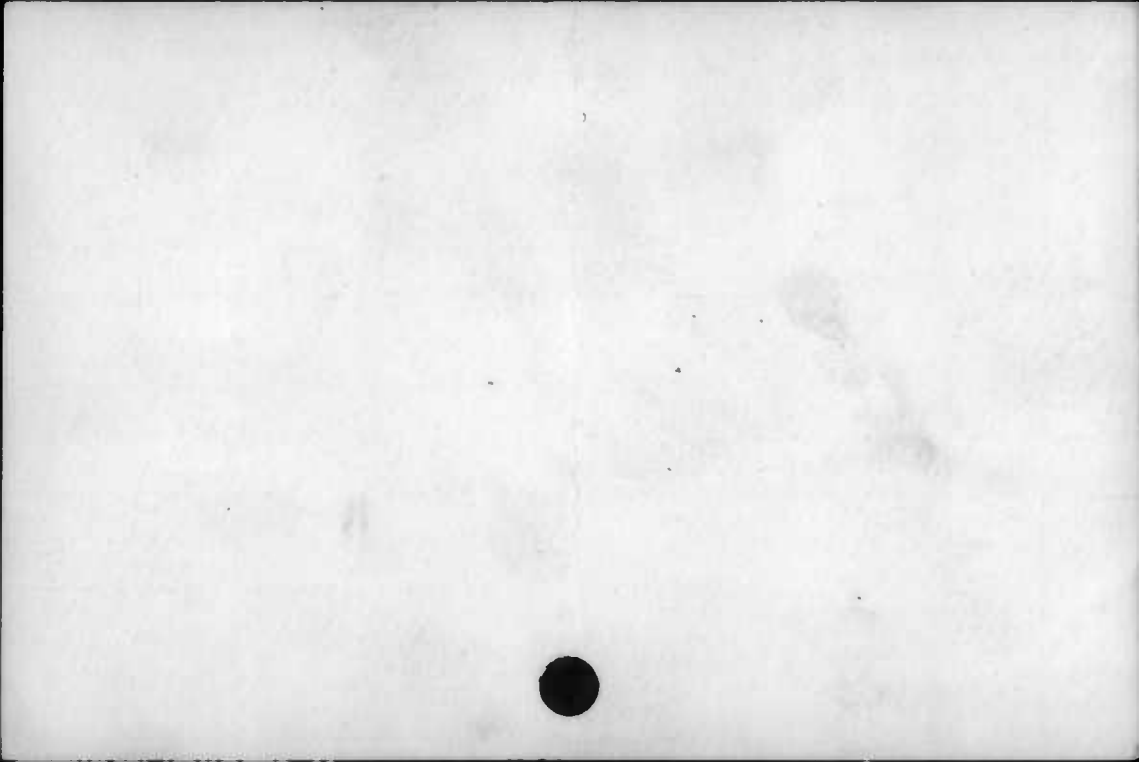
Name in Full James A. Albaugh		Town Woodbine		County Carroll		MAYLAND	
Died at Woodbine		Month Sept		Day 27		Years 82	
Date of death 1909		Month Sept		Day 27		Months 1	
Sex Male		Color or Race White		Birth-place Fredrick Md		Days X	
Occupation Merchant		Where Residing if not at place of death Woodbine					
Married, Single or Widowed Married		Name of Wife or Husband Ann Virginia Albaugh					
Father's Name Daniel Albaugh		Father's Birthplace Fred. Md					
Mother's Maiden Name Rebecca Albaugh		Mother's Birthplace Fred Md					
Name of person giving information Ann V. Albaugh		How related to deceased Wife					

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary	Atrophic Softening of Brain	How long	About one year
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A J Cronk	
		Address Mt Airy Md	
Accident or Suicide?			



Name
in
Full

Ida Bates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Springfield Hospital - Carroe* Town County

MARYLAND

Date of death *1909* Month *September* Day *23rd* Age *33* Years Months DaysSex *Female* Color or Race *White* Birth-place *Penn.*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John Bates*Father's Birthplace *Penn.*Mother's Maiden Name *Annie E. Oyler*Mother's Birthplace *Penn.*Name of person giving Information *Hospital records.*How related to deceased *None*

CAUSES OF DEATH

Primary *Typhoid fever*How long *32 days.*Immediate *Peritonitis*How long *4 1/2 days.*

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

*W. Henry Fisher M.D.
Sykesville*Accident or Suicide *No.**Ind-*



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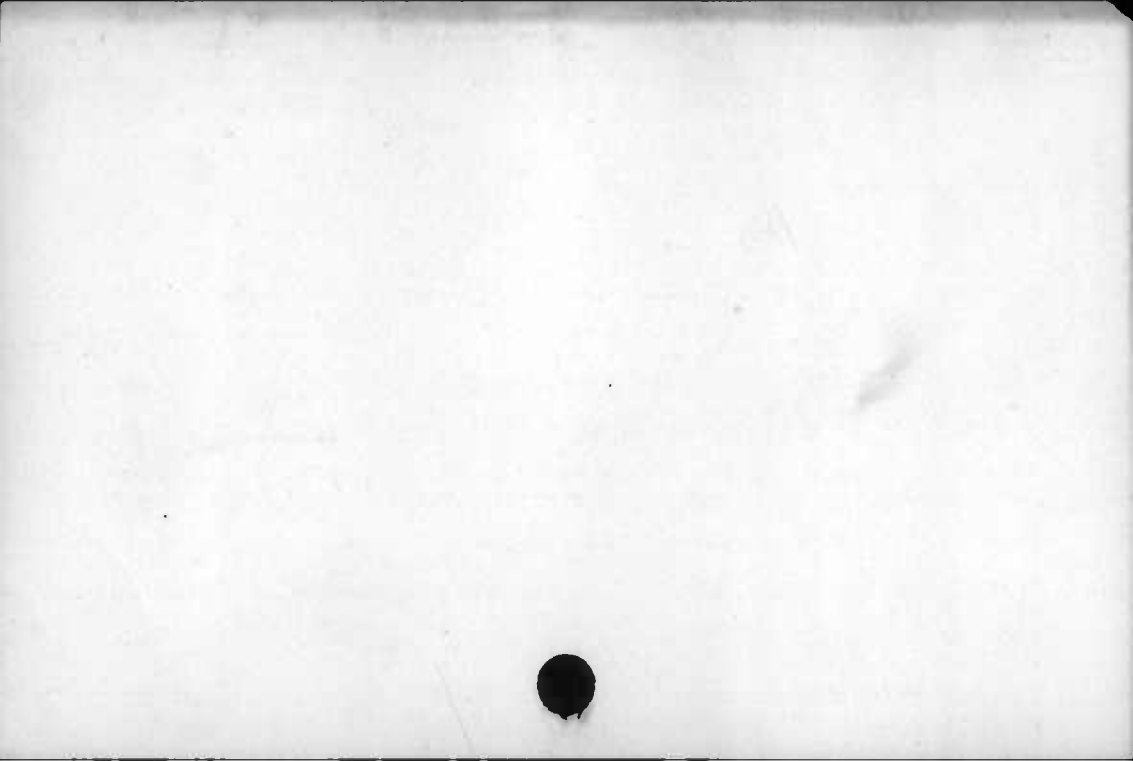
Name in Full John W. Blizzard		Town Hampstead		County Carroll		MARYLAND	
Died at		Date of death		Age		Months	
		1909 Sept 23		73		7	
Sex male		Color or Race white		Birth-place Balto Co		Days 15	
Occupation Butcher				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband Mary A Blizzard					
Father's Name Caleb Blizzard		Father's Birthplace unknown					
Mother's Maiden Name Mary Stansbury		Mother's Birthplace "					
Name of person giving information Oliver Blizzard		How related to deceased son					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Chronic Gastritis	How long	Two years
Immediate	General weakness	How long	2 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr R F Richards	
		Address Hampstead Md.	
Accident or Suicide? —			



Name
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Full

CERTIFICATE OF DEATH

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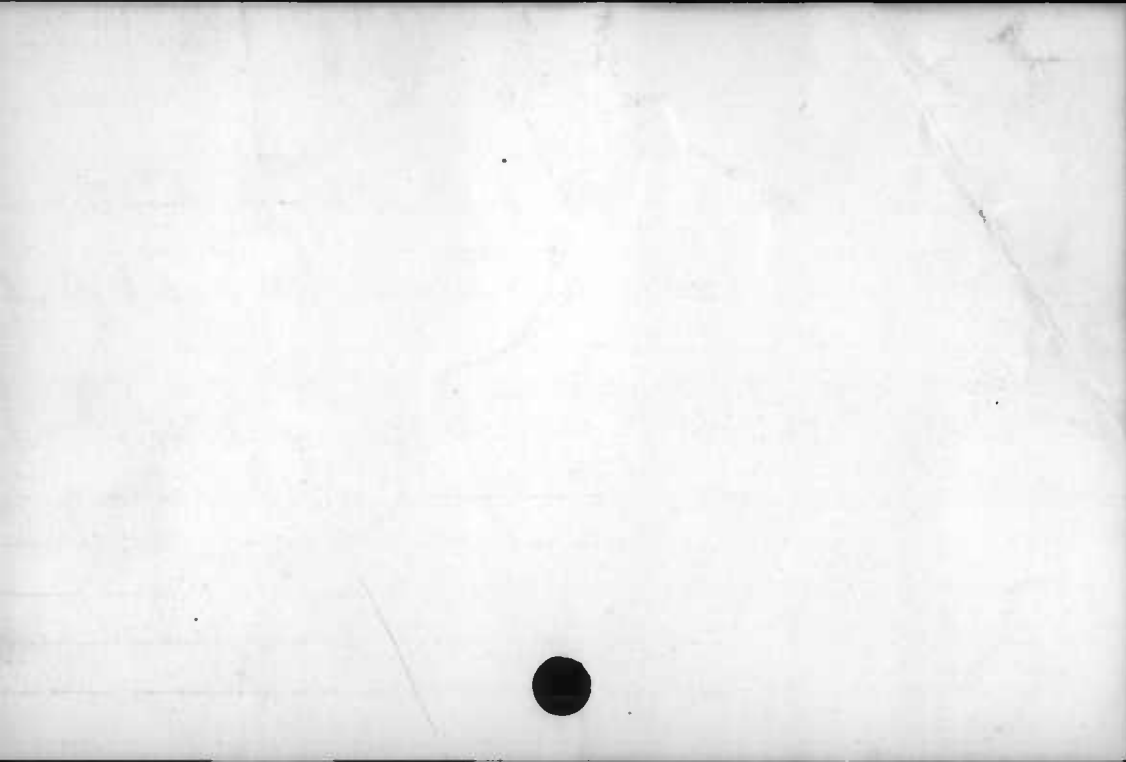
Name in Full Isaiah Marcens Blocker		Town Alexia		County Carroll		State MARYLAND	
Died at Alexia		Month Sept.		Day 11.		Age 55.	
Date of death 1909		Month 2		Days 1			
Sex Male		Color or Race White		Birth-place Cockeys Inn, Pa.			
Occupation Farmer		Where Residing if not at place of death —					
Married, Single Widowed		Name of Wife or Husband Rachel Catherine Blocker					
Father's Name John Marcens Blocker		Father's Birthplace York Co. Pa.					
Mother's Maiden Name Sarah Ruff		Mother's Birthplace " " "					
Name of person giving information Jacob Blocker		How related to deceased Brother					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Amindie		How long 4 Mos.	
Immediate Bright Disease		How long 5. 12 1	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. B. Albright, M.D.	
		Address Green Rock Pa.	
Accident or Suicide?		R. B. #1	



Name
in Full

Elias Bollinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

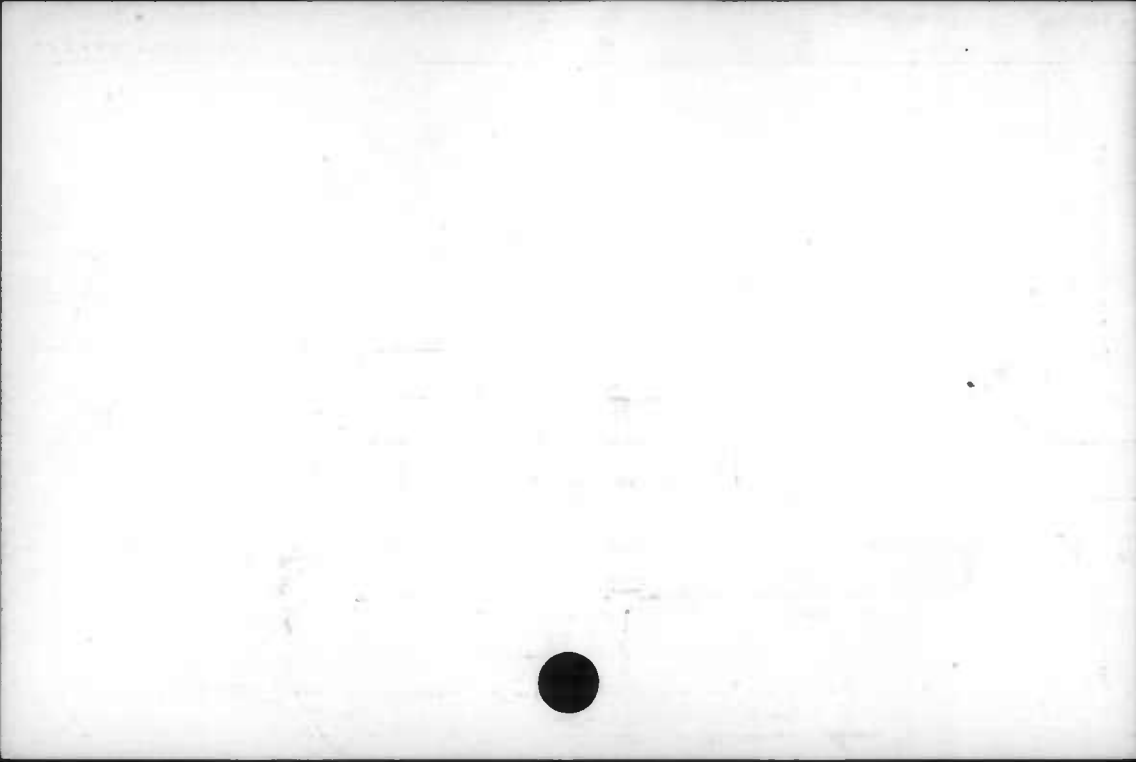
Town		County		MARYLAND	
Died at		Near Townsville		Carroll	
Date of death	1909	Month	Sept	Day	10
Age	73	Years		Months	11
				Days	7
Sex	Male	Color or Race	White	Birth-place	Near Pleasant Hill Rd
Occupation	Miller	Where Residing if not at place of death		X	
Married, Single or Widowed	Married	Name of Wife or Husband		Magdalena Bollinger	
Father's Name	John Bollinger	Father's Birthplace		Penn	
Mother's Maiden Name	Harriett Berlin	Mother's Birthplace		Pa	
Name of person giving Information	Magdalena Bollinger	How related to deceased		Wife	

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	Drops General	How long	About 6 months
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. H. Wells
		Address	Gambier Md
Accident or Suicide			



Name
in
Full375
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tammy</i> Town <i>Still Born</i> County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>9</i> Month <i>Sept</i> Day <i>18</i>		Age <i>—</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Tammy, Md</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>James M. Bowman</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Julia Berwager</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving Information <i>James Bowman</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	<i>Premature</i>	How long <i>about 1 month</i>
Immediate	<i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. R. Font</i>	Address <i>Wheaton, Md.</i>
Accident or Suicide <i>no</i>	<i>Md.</i>	

PHYSICIAN
OR CORONER

Smallwood
Stones

Name
in
Full20 5/18
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Westminster</i>		County <i>Barroll</i>		MARYLAND	
Date of death		1909	Month <i>Sept</i>	Day <i>16</i>	Age <i>80</i>	Years <i>2</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>			
Occupation <i>At Home</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Boylan</i>					
Father's Name <i>Peter M^a Boylan</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Sanit Say</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>James Boylan</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Old Age</i>	How long <i>2 yrs.</i>
Immediate	<i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Eugene M. Sullivan</i>
		Address <i>146 7th Ave. St Westminster</i>
Accident or Suicide <i>9</i>		

Stones Catho

Name
in
Full

Usher. Clemson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

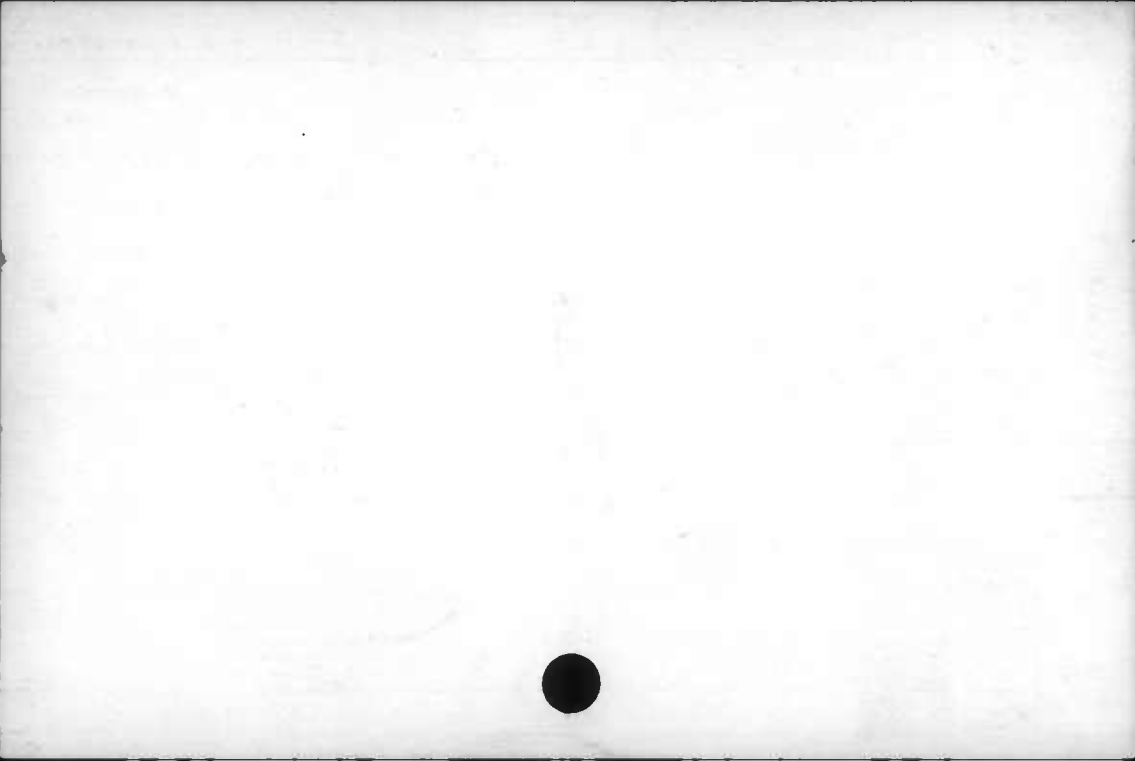
Died at <i>Union Bridge</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Sept</i>	Day <i>1st</i>	Years <i>16</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Fred Co. Md.</i>		
Occupation <i>School boy + assisted on farm</i>		Where Residing if not at place of death <i>—</i>			
Married , Single <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Nicholas Clemson.</i>		Father's Birthplace <i>Fred Co Md.</i>			
Mother's Maiden Name <i>Mary E. Branner.</i>		Mother's Birthplace <i>Fred Co Md.</i>			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Kicked by horse in abdomen</i>	How long <i>Aug 28th</i>
Immediate	<i>Peritonitis Acute.</i>	How long <i>Sept 1st</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James Watt H. O.</i>
		Address <i>Union Bridge</i>
Accident or Suicide		<i>166</i>



Name
in
Full

Norman Russel Close

no 519
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDDied at Westminster Town Carroll County MARYLANDDate of death 1909 Month Sept Day 16 Age 1 Year 9 Months 9 Days 2Sex Male Color or Race White Birthplace MarylandOccupation — Where Residing if not at place of death —Married, Single or Widowed Single Name of Wife or Husband —Father's Name John T. Close Father's Birthplace MarylandMother's Maiden Name Elsie B. Jeff Mother's Birthplace MarylandName of person giving information John T. Close How related to deceased Father

CAUSES OF DEATH

105

Primary Cholera Infantum How long one weekImmediate " How long "Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. L. BottAddress Westminster, MdAccident or Suicide —PHYSICIAN
OR CORONER

St Benjamin's Cemetery
New

Name
in
Full

Carnot Crumrine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

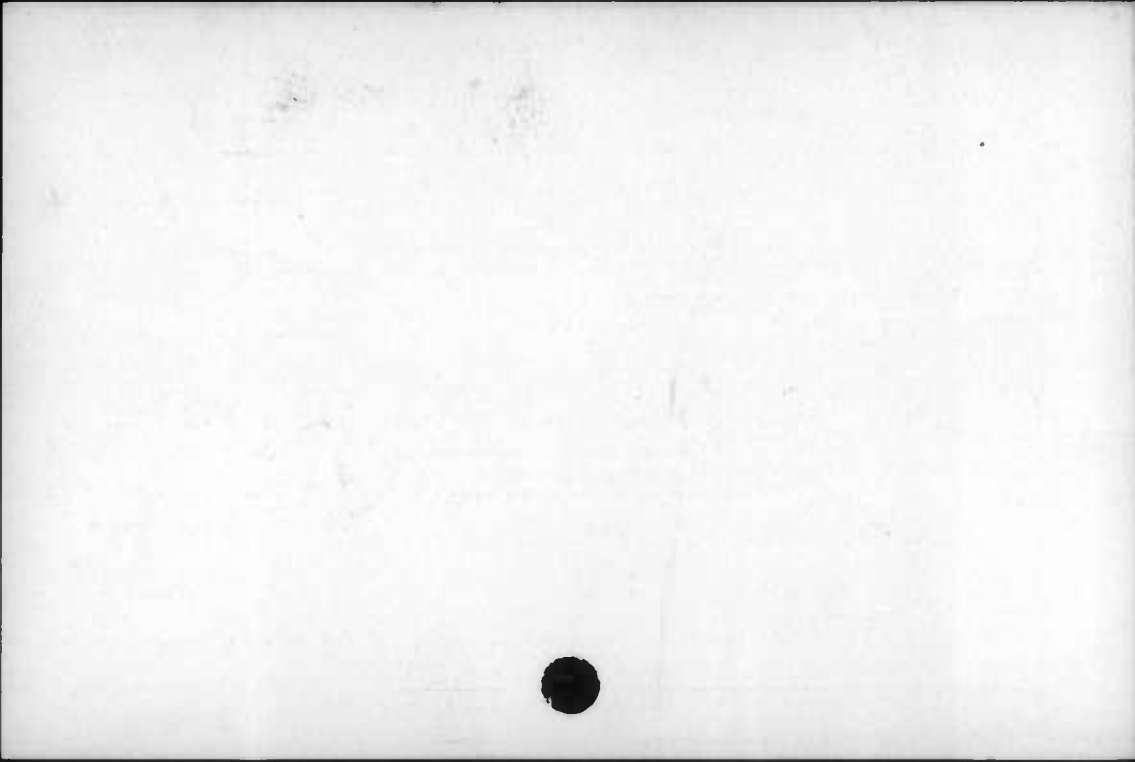
Died at		Town Melrose		County Carmel		MARYLAND	
Date of death	1909	Month Sept	Day 3	Age	56	Months 2	Days 19
Sex	Male		Color or Race	White		Birth-place	Carmel Co Ind
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Carnot Crumrine			Father's Birthplace	
Mother's Maiden Name			Mary Shaffer			Mother's Birthplace	
Name of person giving information			Wm. Crumrine			How related to deceased	
						Bro.	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	One year -
Immediate	Ascites	How long	Several mths.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		John Ziegler	
		Address	
		Melrose	
		Md	
Accident or Suicide?			



Name
in
Full

William Adam Davis

520
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Bird Hill ^{County} Carroll MARYLAND

Date of death 1909 ^{Month} Sept ^{Day} 24 Age ^{Years} — ^{Months} 2 ^{Days} 10

Sex Male Color or Race white Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name William E Davis Father's Birthplace Maryland

Mother's Maiden Name Pearl G. Shibley Mother's Birthplace do

Name of person giving Information Pearl G Davis How related to deceased Mother

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long 5 days

Immediate Dixer of Brain How long one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. L. Batt

Address Westminster Md

Accident or Suicide

Sharon
Bethesda Church

Name
in
Full

Anna Dinges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

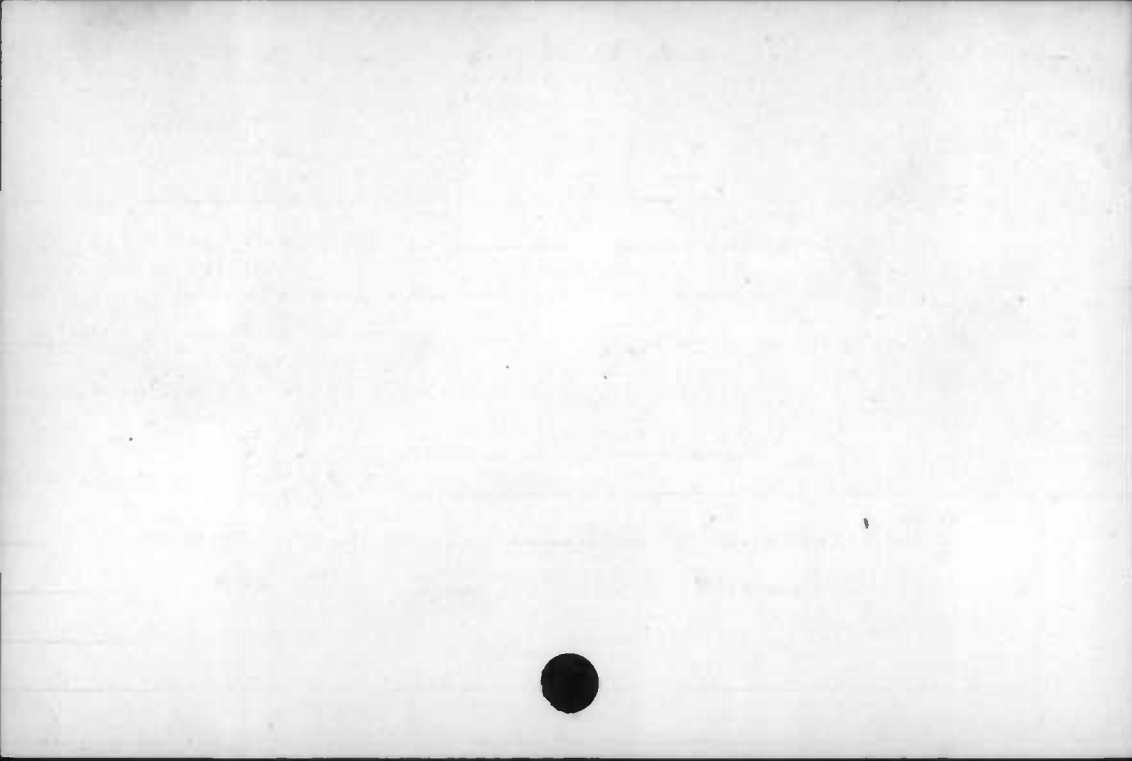
Died at Mt Airy Town		Carroll County		MARYLAND	
Date of death 1909	Month Sept	Day 10	Age	Months 14	Days 23
Sex Female		Color or Race White		Birth-place	
Occupation			Where Residing if not at place of death 165 Hillen Road. Lauraville. Md.		
Married, Single or Widowed Single.		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Malnutrition (Diarrhoea)	How long 2 months +
Immediate Acute Inanition.	How long 2 ds.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Walter B. Pratt M.D.
	Address 882 Cathedral St. Baltimore Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

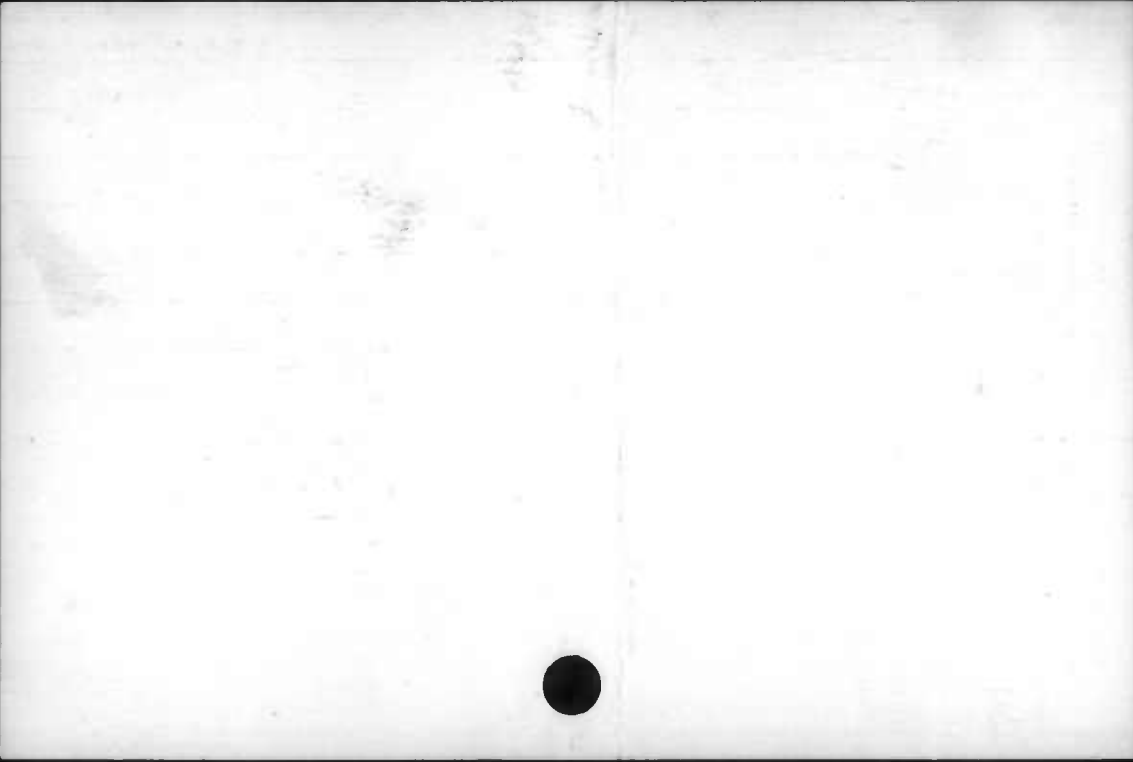
Name in Full <i>Frank Duetouche</i>		Town <i>Sylvestria</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Sylvestria</i>		Month <i>Sept</i>		Day <i>21st</i>		Years <i>63</i>	
Date of death <i>1909</i>		Months <i>—</i>		Days <i>—</i>		Age <i>63</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i> Sailor</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Dr. Records</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Melancholia</i>	How long <i>10 years</i>
Immediate <i>General Debility</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. H. Lively</i>
Address <i>Springfield St. Dr. Records</i>	<i>Sylvestria, Md.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

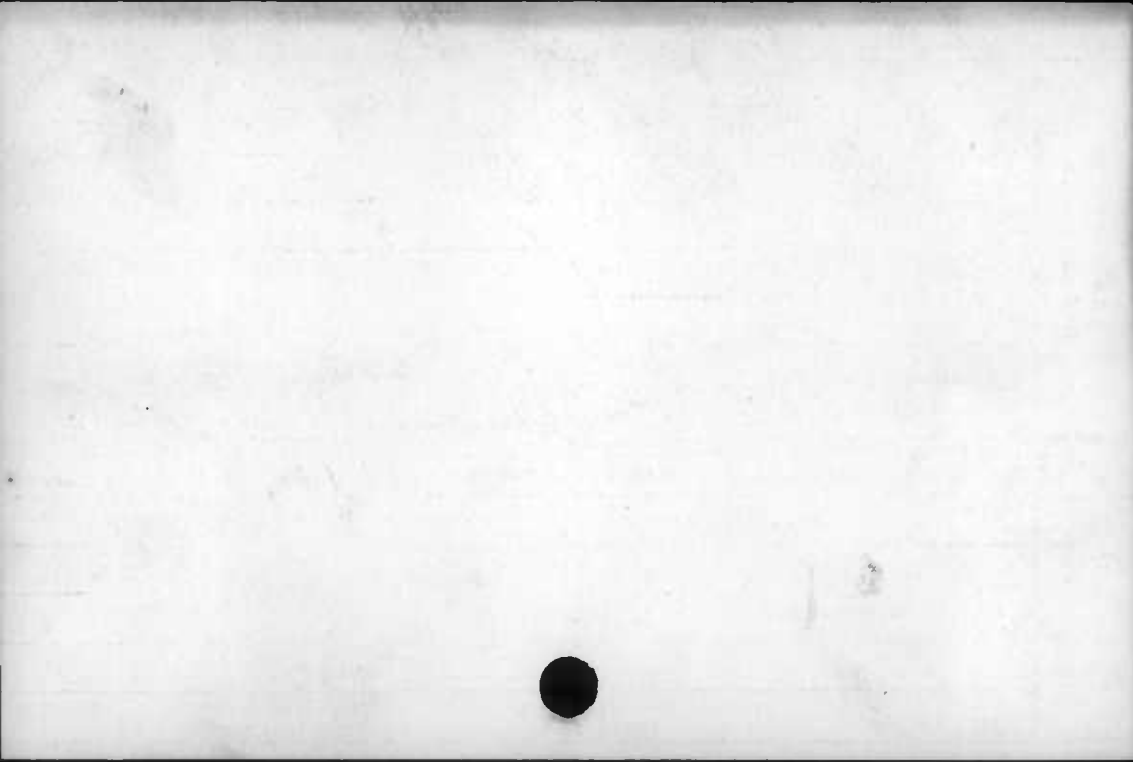
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Manassas</i>		County <i>Cumt</i>		MARYLAND	
Date of death	1909	Month <i>Sept</i>	Day <i>3</i>	Age <i>1</i>	Years	Months <i>11</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Manchester</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Charles V. Frederick</i>			Father's Birthplace <i>Manchester</i>				
Mother's Maiden Name <i>Cora B. Mc Collough</i>			Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Cora B. Frederick</i>			How related to deceased <i>Mother</i>				

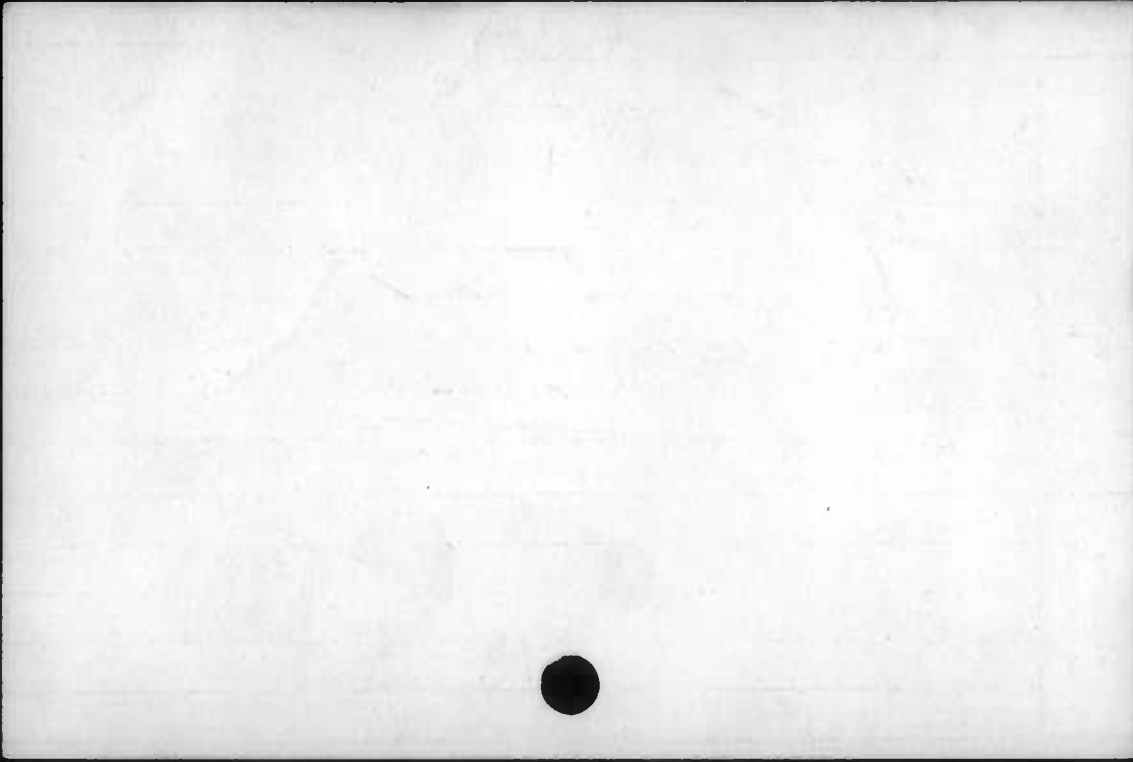
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	14 How long <i>2 weeks</i>
Immediate	<i>Colapae</i>	How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J H Preston M.D.</i>
Address <i>Hamptstead Md.</i>		
Accident or Suicide?		



Name in Full Basel T. Grimes		County Carroll		CERTIFICATE OF DEATH	
Died at Mount Airy		TOWN Carroll		MARYLAND	
Date of death 1909 Sep 10		Month 10		Day 10	
Age 74		Years 74		Months 5	
Sex male		Color or Race White		Birth-place Carroll Co	
Occupation Farmer		Where Residing if not at place of death Carroll			
Married, Single or Widowed married		Name of Wife or Husband Christina Grimes			
Father's Name Joshua Grimes		Father's Birthplace Mad. Moan			
Mother's Maiden Name Eliza Barnes		Mother's Birthplace Ac. Co			
Name of person giving information Thomas Grimes		How related to deceased Son			
CAUSES OF DEATH					
Primary Carcinoma of Stomach		How long 60 Months			
Immediate Pulmonary Edema		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. T. Cronk			
		Address Mt Airy Md			
Accident or Suicide?					



Name
in
Full

Jacob Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Manchester		County Cannell		MARYLAND	
Date of death		1909	Month Sept	Day 19	Age 61	Years	Months 14
Sex Male		Color or Race White		Birth-place Pawlingtown			
Occupation Unemployed				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Carrie Hoffman					
Father's Name Wm Hoffman		Father's Birthplace Manchester, Ind					
Mother's Maiden Name Louisa Sherman		Mother's Birthplace Manchester, Ind					
Name of person giving information Carrie Hoffman		How related to deceased Wife					

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary	Pargusis	How long	3 years
Immediate	Paralysis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. [Signature]	
		Address Hampstead	
Accident or Suicide?			

191

Name
in
Full

Harvey Maus Hull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Silver Run		County Russell		MARYLAND	
Date of death		1909	Month Sept.	Day 14	Years Age 2 mo. 10 days.	Months	Days
Sex male		Color or Race White		Birth- place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Charles Hull				Father's Birthplace Maryland			
Mother's Maiden Name Mary Maure				Mother's Birthplace Ind.			
Name of person giving In formation Charles Hull				How related to deceased Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Insanition	How long	Six weeks
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. J. Stewart	
		Address Westminster	
Accident or Suicide?			



Name
in
Full

Adam Johnson

CERTIFICATE OF DEATH

Died at Sykesville Barroll County MARYLAND

Date of death 1909 Sept 7 Month Day Age 45 Years Months Days

Sex Male Color or Race Black Birth-place Virginia

Occupation Stone Cutter and Soldier in Sp. Am. War Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name unknown Father's Birthplace Virginia

Mother's Maiden Name unknown Mother's Birthplace Virginia

Name of person giving Information Samuel Johnson How related to deceased none

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Apoplectic - Hemiplegia How long 5 days

Immediate Failure of Nervous System How long 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician D. B. Sprecher Address Sykesville Md

Accident or Suicide _____

PHYSICIAN
OR CORONER

U. S. DEPARTMENT OF
COMMERCE
BUREAU OF
MARITIME SERVICE



Name
in
Full

T. Vernon Jones

CERTIFICATE OF DEATH

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NEAREST FRIEND

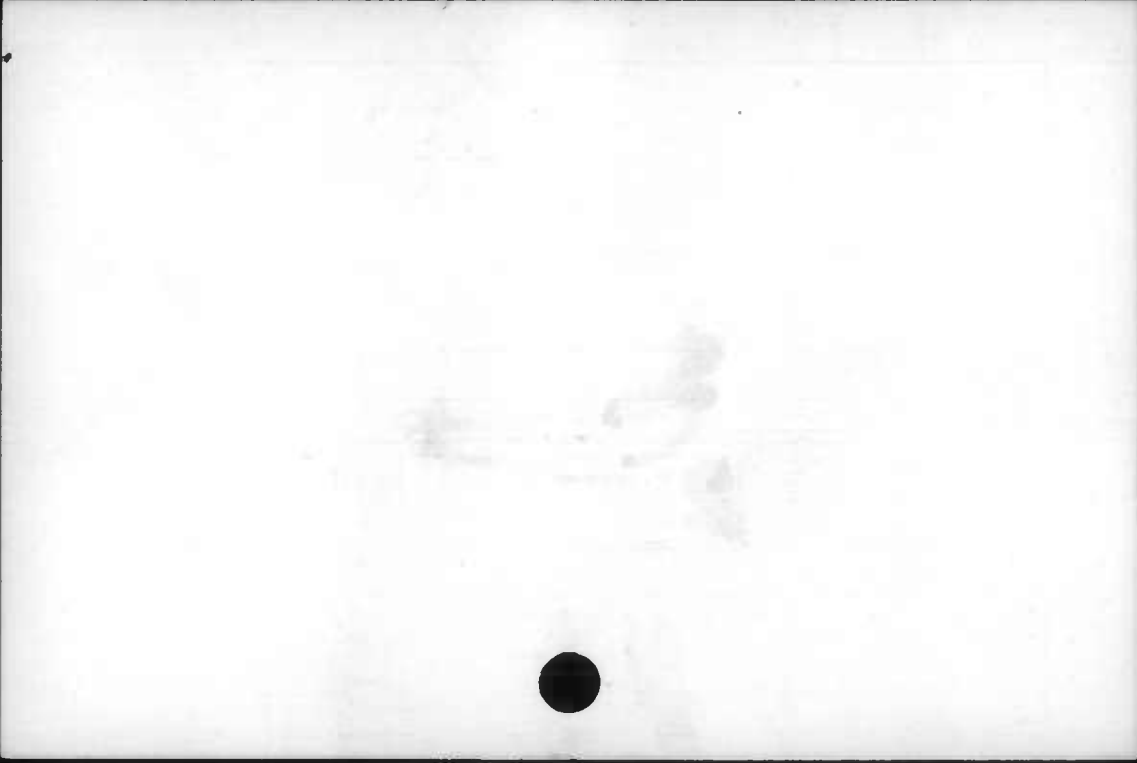
Died at <i>Springfield State Hosp.</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Sept</i>	Day <i>29th</i>	Age <i>25</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>	
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>Hospital records</i>		How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Epilepsy and Imbecility</i>	How long <i>20 years</i>
Immediate <i>Organic heart disease (Mitral regurgitation)</i>	How long <i>7 yrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. H. Swavelly</i>
	Address <i>Springfield State Hosp. Sykesville, Ind.</i>
Accident or Suicidal <i>No</i>	



Name
in
Full

Rembert Kolb

516
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Westminster				Carroll			
Date	Month	Day	Age	Years	Months	Days	
of death	1909	Sept	16	71	11	16	
Sex	Male		Color or Rece	White		Birth- place	Maryland
Occupation	Minister		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband		Sarah A. Barnes		
Father's Name	Matthias Kolb				Father's Birthplace	Maryland	
Mother's Maiden Name	Rebecca Favorites				Mother's Birthplace	Idaho	
Name of person giving Information	Sarah A. Kolb				How related to deceased	Wife	

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary	Brain Softening,	How long	6 years
Immediate	Paralysis	How long	8 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		D. R. Shipley, M.D.	
Address		Westminster, Md.	
Accident or Suicide			

Westminster Cemetery
Flower

Name
in
Full

Lucy La Bree

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital -</i>		Town <i>Canoe</i>		County <i>-</i>		MARYLAND	
Date of death	1909	Month	September	Day	24 th	Age	64
Sex	Female		Color or Race	White		Birth-place	Bel air Md -
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Husband	Unknown			
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving Information	Hospital records.				How related to deceased	None	

CAUSES OF DEATH

Primary	<i>Typhoid fever</i>	How long	<i>26 days.</i>
Immediate	<i>Toxemia</i>	How long	<i>5 days.</i>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. Henry Fisher M.D.
Sylkerville
Md.

Address

Accident or Suicide

No.

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John W. Lambert

Died at *New Windsor* Town *Carroll* County

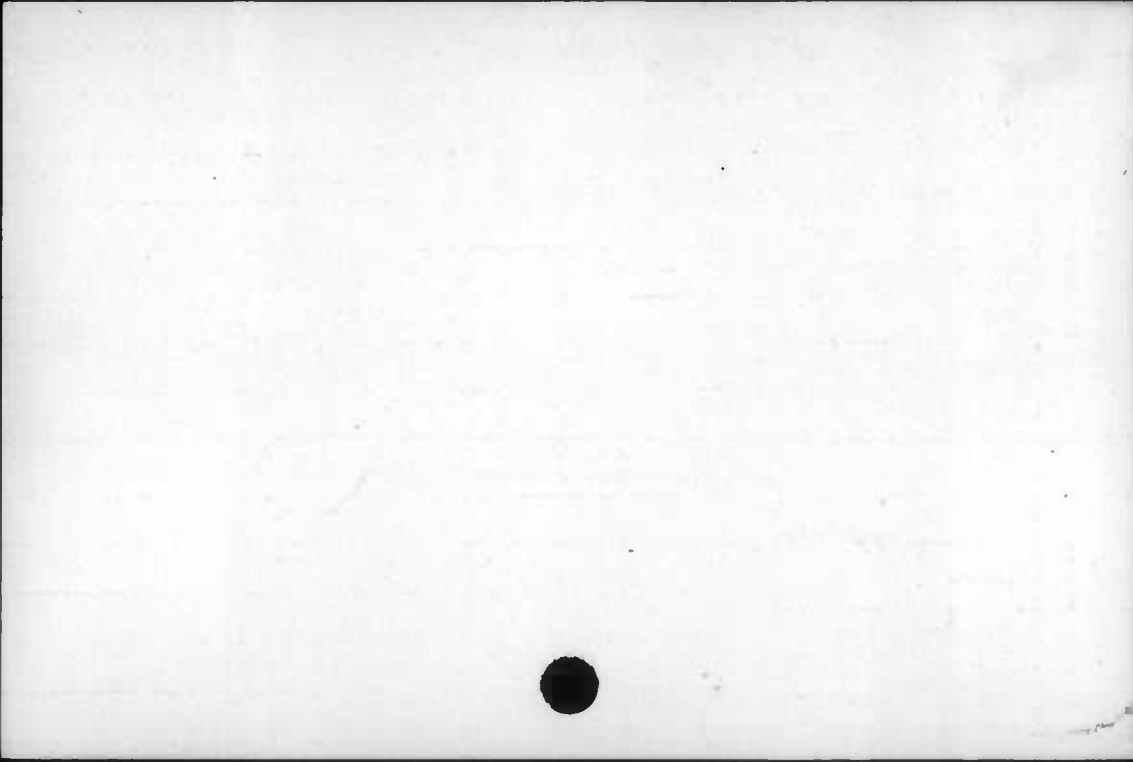
MARYLAND

Date of death *1909* Month *Sept* Day *13* Age *70* Years Months *8* Days *22*Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *Farmer* Where Residing if not at place of death *New Windsor*Married, Single or Widowed *Married* Name of Wife or Husband *Emily J. Lambert*Father's Name *Jessie Lambert* Father's Birthplace *Ind*Mother's Maiden Name *Julia G. Miller* Mother's Birthplace *Ind*Name of person giving information *Herbert Lambert* How related to deceased *Son*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONERPrimary *Paralysis* How long *3 weeks*Immediate *"* How long *"*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. Dr. E. Whitehead*Address *New Windsor Ind*Accident or Suicide? *—*



Name
in
Full

522

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Lewis Wesley Lee</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>near Westminster</i>		Month <i>Sept</i>		Day <i>30</i>		Years <i>22</i>	
Date of death <i>1909</i>		Month <i>2</i>		Days <i>15</i>			
Sex <i>Male</i>		Color or Race <i>white</i>		Birthplace <i>Maryland</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death —			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>Charles Wesley Lee</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Emma Alverda Conaway</i>		Mother's Birthplace <i>do</i>					
Name of person giving Information <i>Charles Wesley Lee</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary <i>Acute Myocarditis</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Eugene M Sullivan</i>
	Address <i>146 Main St Westminster</i>
Accident or Suicide	

Not Pleasant Summer
Dinner

Name ^{at} Herman Fwly Matthias

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Inyers Town District County Carroll MARYLAND

Date of death 1909 Month Sept Day 3 Age 15 Years Months 9 Days 15

Sex Male Color or Race White Birth-place Maryland

Occupation School Boy Where Residing if not at place of death At home

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Edward Charles Matthias Father's Birthplace Maryland

Mother's Maiden Name Laura Bell Inyers Mother's Birthplace Maryland

Name of person giving information Edward Charles Matthias How related to deceased Together

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary Acute hepatitis How long about 6 weeks

Immediate Acute hepatitis How long about 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. S. Croun

Address Littletown

Accident or Suicide? _____

Edward H. Grady

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

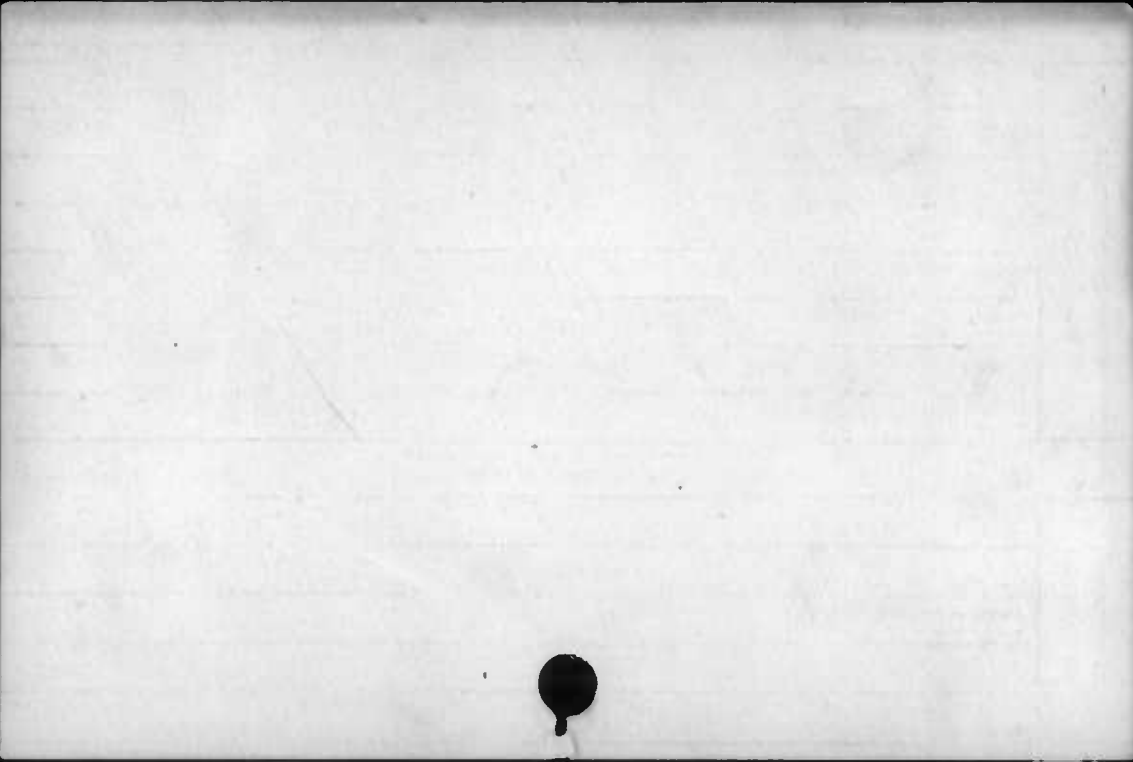
Name in Full <i>Henry George Mehling</i>		Town <i>Mt. Airy</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Mt. Airy</i>		Date of death <i>1909 Sept. 1</i>		Age <i>4</i>		Months <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Balto.</i>		Days <i>14</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>218 S. Carey St</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George H. Mehling -</i>				Father's Birthplace <i>Balto.</i>			
Mother's Maiden Name <i>A. G. Fullmer.</i>				Mother's Birthplace <i>Balto.</i>			
Name of person giving information <i>George H. Mehling</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Cerebral Meningitis</i>	How long <i>12 Days</i>
Immediate <i>Asthma</i>	How long <i>7 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. M. Tamm</i>
	Address <i>317 N. Carrollton Dr</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

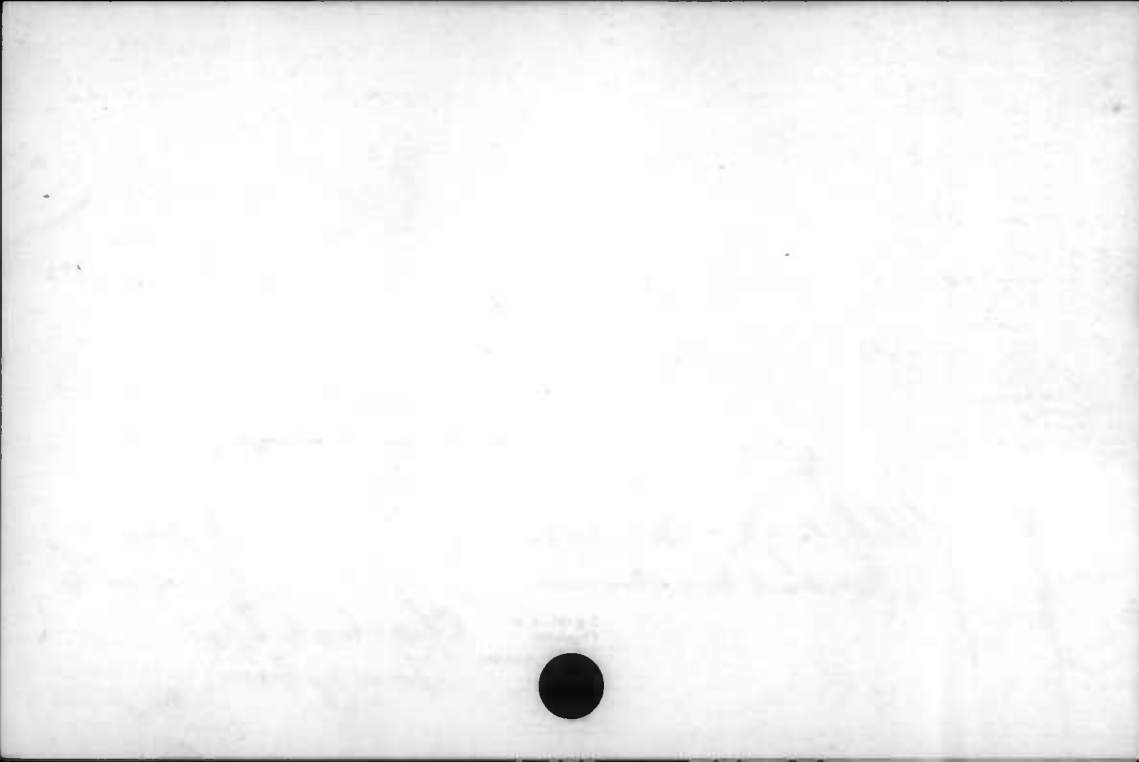
TO BE ANSWERED BY
NEAREST FRIEND

Annie Gertrude Myers
Town *Marmottsville* County *Canoll* MARYLAND
Died at
Date of death 190 *9* September *14* Age *1* Months *6* Days
Sex *Female* Color or Race *White* Birth-place *Marmottsville*
Occupation _____ Where Residing if not at place of death *Marmottsville*
Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *Harman Myers* Father's Birthplace *Canoll Co*
Mother's Maiden Name *Katie Myers* Mother's Birthplace *Balto. Co*
Name of person giving Information _____ How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary *Dropsy* How long *4 weeks*
Immediate *Heart Failure* How long *3 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Harry F. Leubley*
Address *Sylserville*
Coroner
Accident or Suicide _____



Name
in
Full

Catherine Myers

521

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pleasant Valley Town Carroll County MARYLAND

Date of death 190 9 Month Sept Day 27 Age 80 Years 1 Months 20 Days

Sex Female Color or Race White Birth-place Maryland

Occupation Retiree Where Residing if not at place of death Home

Married, Single or Widowed Widow Name of Wife or Husband Emanuel Myers (head)

Father's Name Don't know Father's Birthplace Unknown

Mother's Maiden Name Don't know Mother's Birthplace Unknown

Name of person giving Information Holly E. Myers How related to deceased Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old age - Senectus How long 2 yrs

Immediate General weakness How long 4 months

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician Charles E. Cop Address Farmington

Accident or Suicide ☐

Pleasant Valley (Conn.)
Stones

Name
in
Full

Florence May Ogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Bridge</i>		Town		County		<i>Carroll</i>		MARYLAND	
Date of death	1909	Month	9	Day	25	Age	35	Months	11
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birthplace	<i>Fred. Co.,</i>		
Occupation	<i>Housewife</i>				Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>William D. Oogle</i>				
Father's Name	<i>Elias F. Benger,</i>				Father's Birthplace	<i>Carroll Co</i>			
Mother's Maiden Name	<i>Alice Stultz</i>				Mother's Birthplace	<i>Carroll Co</i>			
Name of person giving Information	<i>Guy Singer</i>				How related to deceased	<i>Brother,</i>			

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	<i>Periculous Anemia -</i>	How long	<i>8. or 9. weeks.</i>
Immediate	<i>Heart. Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>James. Watt</i>
		Address	<i>Union Bridge</i> <i>W.D.</i>
Accident or Suicide			



Name
in
Full

Edward F. Palmer

CERTIFICATE OF DEATH

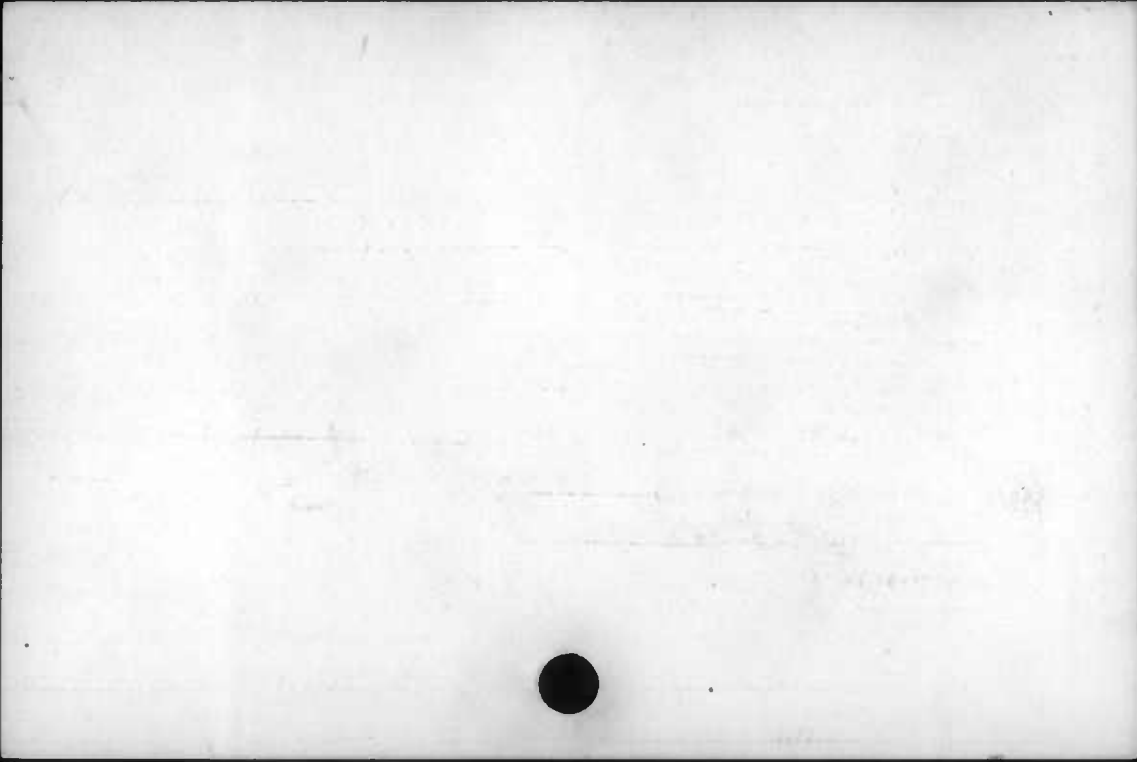
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hampstead</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	1909	Month	Sept.	Day	17
Age	Years		Stillborn		Months
Sex	Male		Color or Race	White	
Occupation	<u>W</u>		Birth-place	Hampstead	
Where Residing If not at place of death			<u>—</u>		
Married: Single or Widowed			Single		
Name of Wife or Husband			<u>—</u>		
Father's Name			Wm Palmer		
Father's Birthplace			Hampstead		
Mother's Maiden Name			Sallie Haines		
Mother's Birthplace			VI		
Name of person giving information			Sallie Palmer		
How related to deceased			Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Haemorrhage into brain</u>	How long	<u>12 hr</u>
Immediate	<u>Heart weakness</u>	How long	<u>1/2 hr</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>R. F. Richman</u>	
Address		<u>Hampstead</u>	
Accident or Suicide?		<u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eliza Jane Pfoutz

Died at ^{Town} Clear Ridge ^{County} Carroll - **MARYLAND**

Date of death 1909 ^{Month} Sept. ^{Day} 22 Age ^{Years} 66 ^{Months} 11- ^{Days} 12

Sex Female Color or Race White - Birth-place Uniontown

Occupation none Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband John D Pfoutz

Father's Name Abraham Myers - Father's Birthplace Uniontown

Mother's Maiden Name Eliza Babylon - Mother's Birthplace Carroll Co -

Name of person giving Information Rachel Pfoutz How related to deceased Daughter.

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis How long 10 years

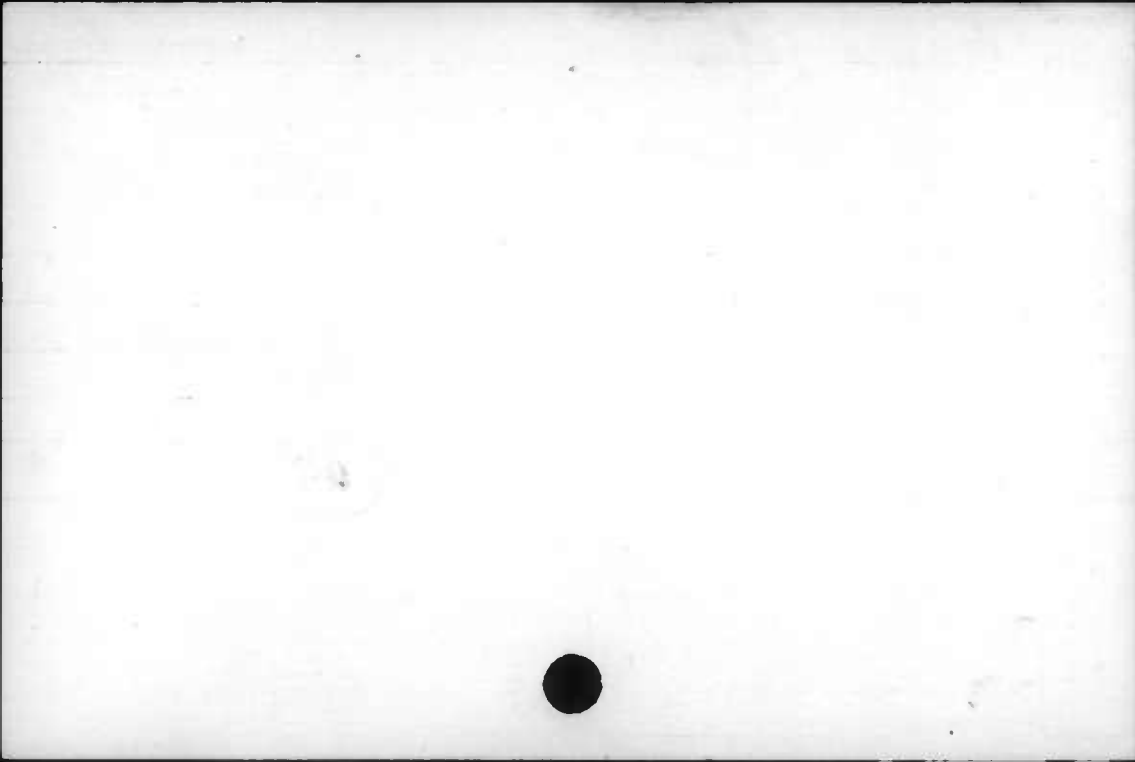
Immediate Apoplexy How long 3 days.

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Amber Scott Plank

CERTIFICATE OF DEATH

MARYLAND

Died at *Laneytown*

Carroll

Date of death 1909 *8 1/2*

Day *21*

Age

Years

Months

Days *29*

Sex *Female*

Color or Race

White

Birth-place

Laneytown Ind

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Walter C. Plank

Father's Birthplace

Adams Co Pa

Mother's Maiden Name

Carrie Mc Nair

Mother's Birthplace

" " "

Name of person giving Information

Walter C Plank

How related to deceased

Father

CAUSES OF DEATH

Primary

Cyanosis

How long

8 1/2 weeks

Immediate

Heart failure

How long

very short time

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*T. H. Series M.D.
Laneytown Ind*

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

W



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

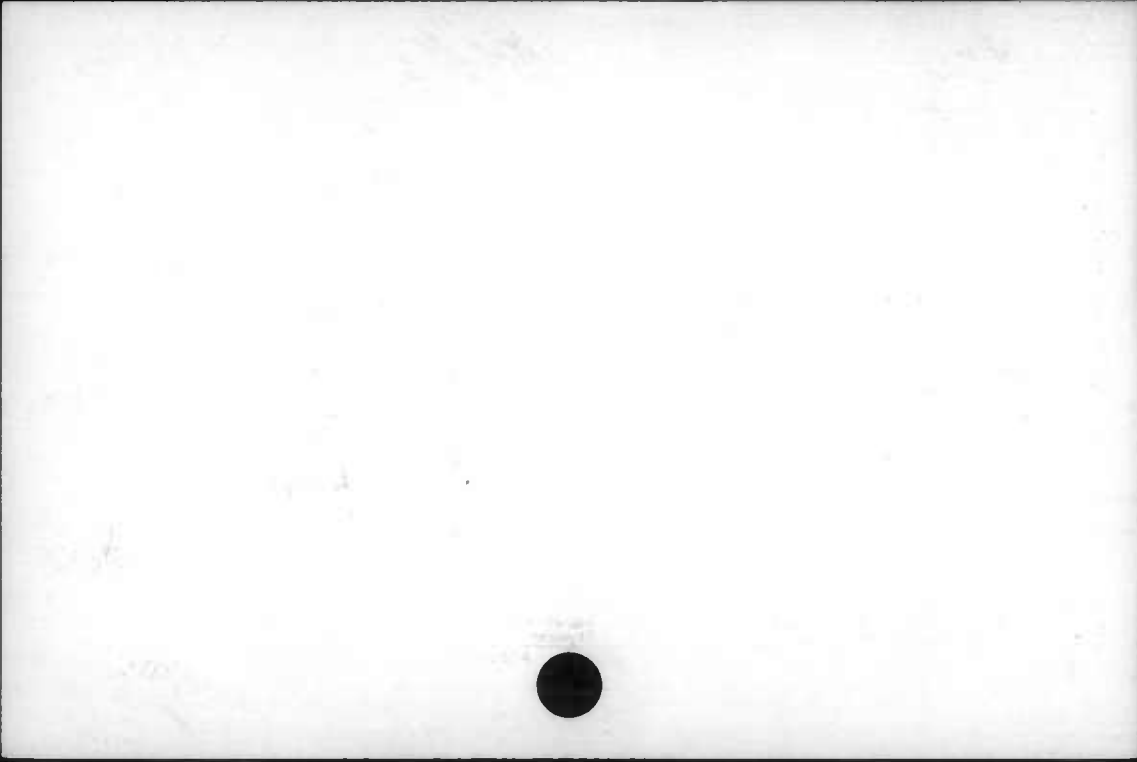
Name *Amelia J Beinidollar* Town *Taneytown* County *Carroll* MARYLAND
Died at
Date of death 190 *9* Sep *9* Age *81* Months *9* Days *20*
Sex *Female* Color or Race *White* Birth-place *Taneytown Md*
Occupation *Housewife* Where Residing if not at place of death
~~Married, Single~~ *Widowed* Name of ~~Wife~~ *David Beinidollar*
~~or Widowed~~ Husband
Father's Name *Israel Hiteshew* Father's Birthplace *Taneytown Md*
Mother's Maiden Name *Harriet Glazer* Mother's Birthplace *Pa*
Name of person giving Information *Edward Beinidollar* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senile debility* How long *7 yrs +*
Immediate *Asthma* How long *1 yr*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. B. Birnie*
Address *Taneytown*
Accident or Suicide *Q*



Name
in
Full

Mary Catherine Romsperg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Uniontown

Town

County

Carroll

MARYLAND

Date

of death

1909

Month

Sep

Day

5

Age

Years

Months

2

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Uniontown

Occupation

Where Reading if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

W. F. Romsperg

Father's
Birthplace

Uniontown

Mother's
Maiden Name

Winnie L. Myerly

Mother's
Birthplace

Uniontown

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

151

Primary

Malnutrition

How long

2 mos.

Immediate

How long

Are the name, age, sex, color, data
and place correctly given above?

Yes.

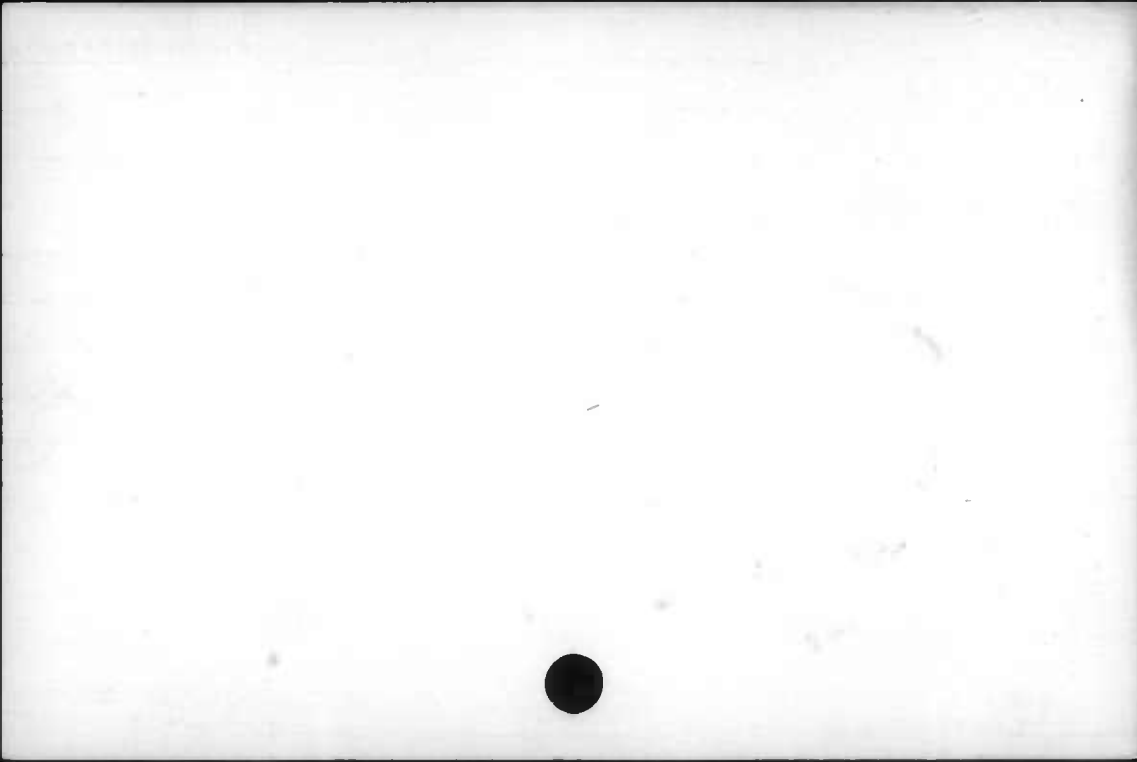
Signature of
Physician

Address

Luther K. Kauf
Uniontown

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth F. Rupp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

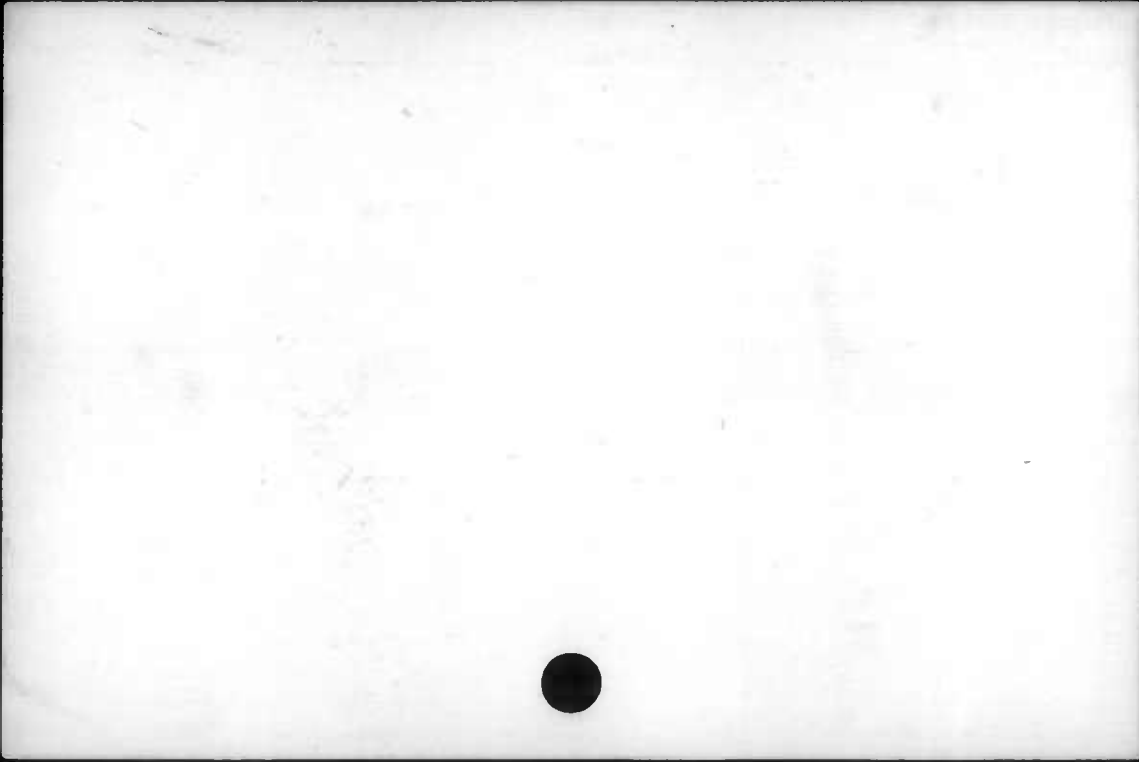
Died at <i>Hampstead</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i> ^{Month}	<i>9</i> ^{Day}	Age <i>59</i> ^{Years}	<i>1</i> ^{Months}	<i>26</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Hampstead, Md.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death	<i>Same.</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Daniel Rupp</i>		
Father's Nema	<i>Noah Wooley</i>		Father's Birthplace	<i>Hampstead Md.</i>	
Mother's Maiden Nema	<i>Sarah Richards</i>		Mother's Birthplace	<i>Hampstead, Md.</i>	
Nema of person giving Information	<i>Daniel Rupp</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>1 wk.</i>
Immediate	<i>Heart Failure</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Edgar M. Bush M.D.</i>
		Address	<i>Hampstead, Md.</i>
Accident or Suicide	<i>X</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eliza Shaffer
 Died at Manchester Town Carroll County MARYLAND
 Date of death 1909 Sept - 29 Day 82 Age 2 Months 2 Days
 Sex Female Color or Race White Birth-place Baughman Mills
 Occupation Housewife Where Residing if not at place of death Manchester
 Married, Single or Widowed Widowed Name of Wife or Husband Samuel Shaffer
 Father's Name Geo Byles Father's Birthplace Carroll Co Md
 Mother's Maiden Name Lydia Flickinger Mother's Birthplace Carroll Co Md
 Name of person giving Information Sarah Shaffer How related to deceased daughter

CAUSES OF DEATH

Primary General Debility 154 How long 2 Years
 Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J H Sherman M.D.
Manchester
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

William H. Shaffer

CERTIFICATE OF DEATH

Died at ^{Town} Hampstead

County Carroll

MARYLAND

Date

of death 1909

Month

9

Day

9

Age

Years

68

Months

10

Days

21

Sex

Male

Color or
Race

White

Birth-
place

Unknown

Occupation

Farmer.

Where Residing if not
at place of death

—

Married, ~~Single~~
or ~~Widowed~~

Married

Name of Wife or
Husband

Ellen Shaffer.

Father's
Name

Philip Shaffer.

Father's
Birthplace

Unknown

Mother's
Maiden Name

Betsy Miller

Mother's
Birthplace

Unknown

Name of person giving
In formation

Ellen Shaffer.

How related
to deceased

Wife

CAUSES OF DEATH

124

Primary

Pneumothorax Pleurisy Ten years

Immediate

Uremic Coma

How long

Twenty four hours

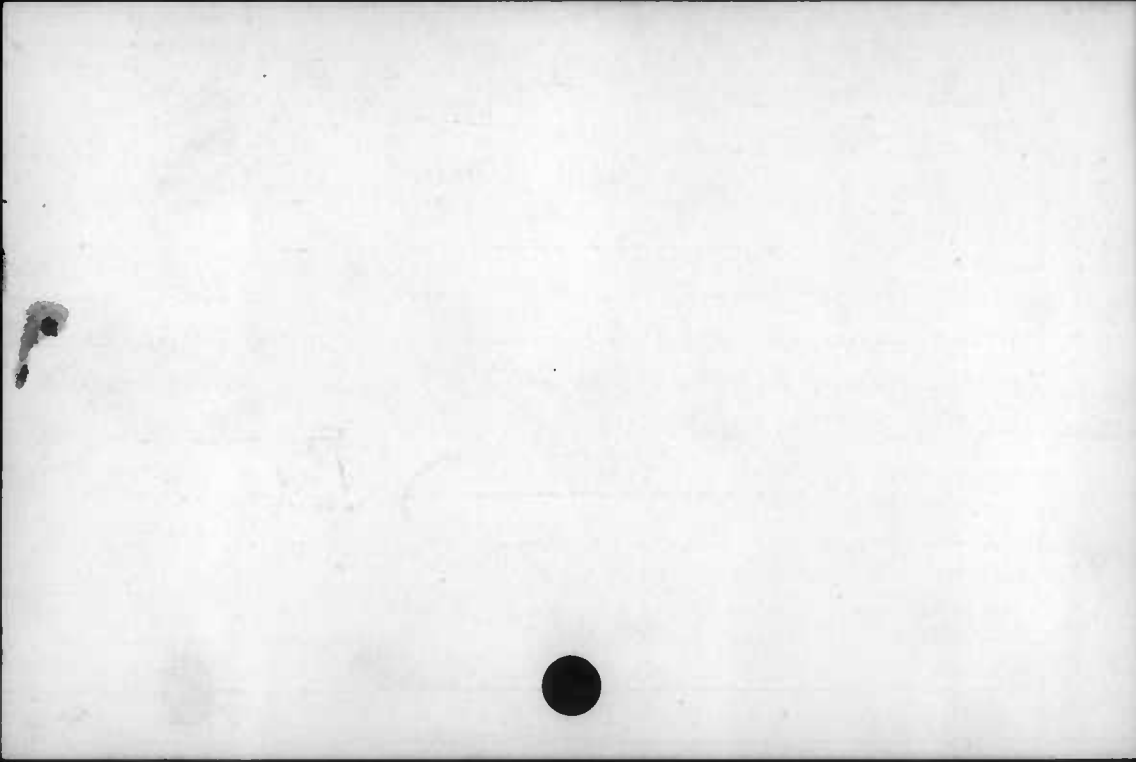
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Drucker M.D.
Hampstead
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Madaline

Smith

No 517
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept.	14			1	17
Sex		Color or Race		Birthplace			
Female		White		Maryland			
Occupation				Where Residing if not at place of death			
none							
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Single				Maryland		Maryland	
Father's Name		Mother's Maiden Name		How related to deceased			
Clarence E. Smith		Carrie E. Smigant		Father			
Name of person giving Information		Clarence E. Smith					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	3 weeks
Immediate	Heart Failure	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Therese Barr	
Address		Westminster	
Accident or Suicide		Md.	

St Benjamin's Cottier
Stones

Name
in
Full

Isabelle Staude

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lykesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Sept.	25	4		
Age	<i>47</i>				
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed		Name of Wife or Husband <i>C. Staude (406 S. Sharpet-Belt)</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving Information <i>Hospital Records</i>			How related to deceased <i>-</i>		

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary <i>General Paresis</i>	How long <i>over 2 yrs.</i>
Immediate <i>Cerebral Congestion & Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield Hospital Lykesville, Carroll Co. Md.</i>
Accident or Suicide <i>-</i>	



Name
in
Full

Charles Edward Swartsbaugh

514

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Carroll County MARYLAND

Date of death 190 9 Month Sept Day 9 Age — Years — Months 2 Days 17

Sex male Color or Race white Birthplace Maryland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Charles Swartsbaugh Father's Birthplace Maryland

Mother's Maiden Name Bertha M. Wilson Mother's Birthplace do

Name of person giving Information Charles Swartsbaugh How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Intestinal Indigestion How long 6 weeks

Immediate Maurasmus - Echinatin How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

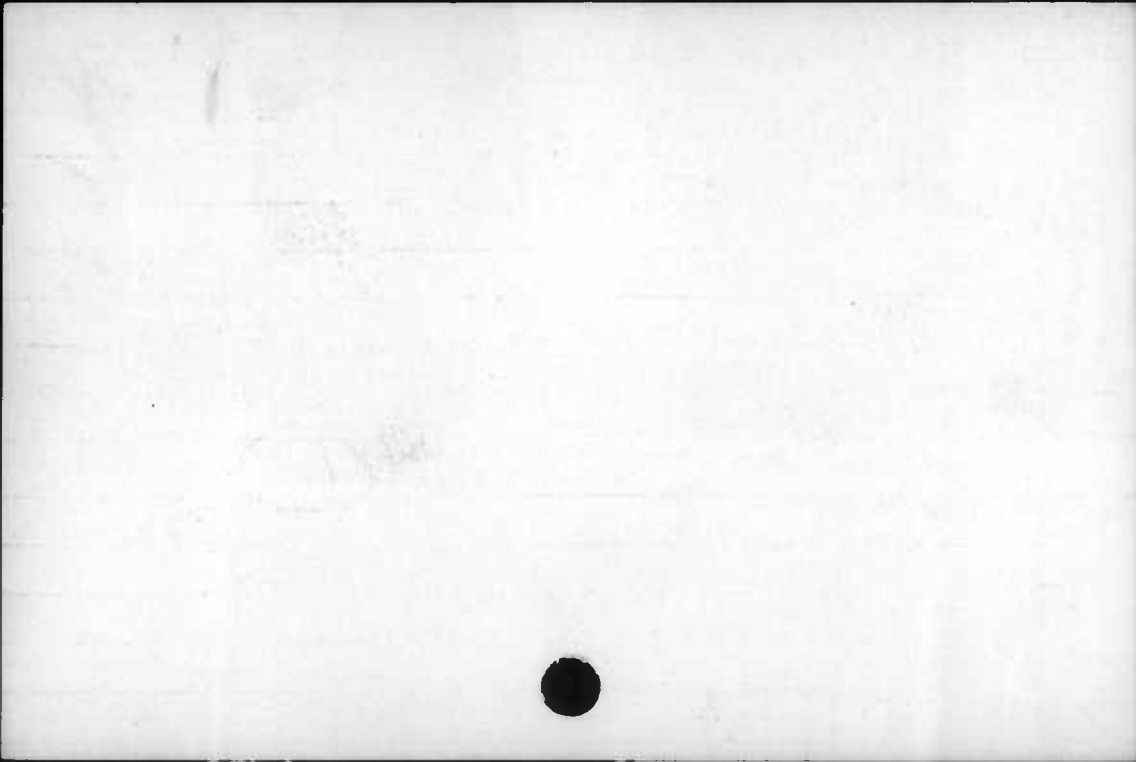
Signature of Physician Chas. R. Fouch

Address Westminster Md

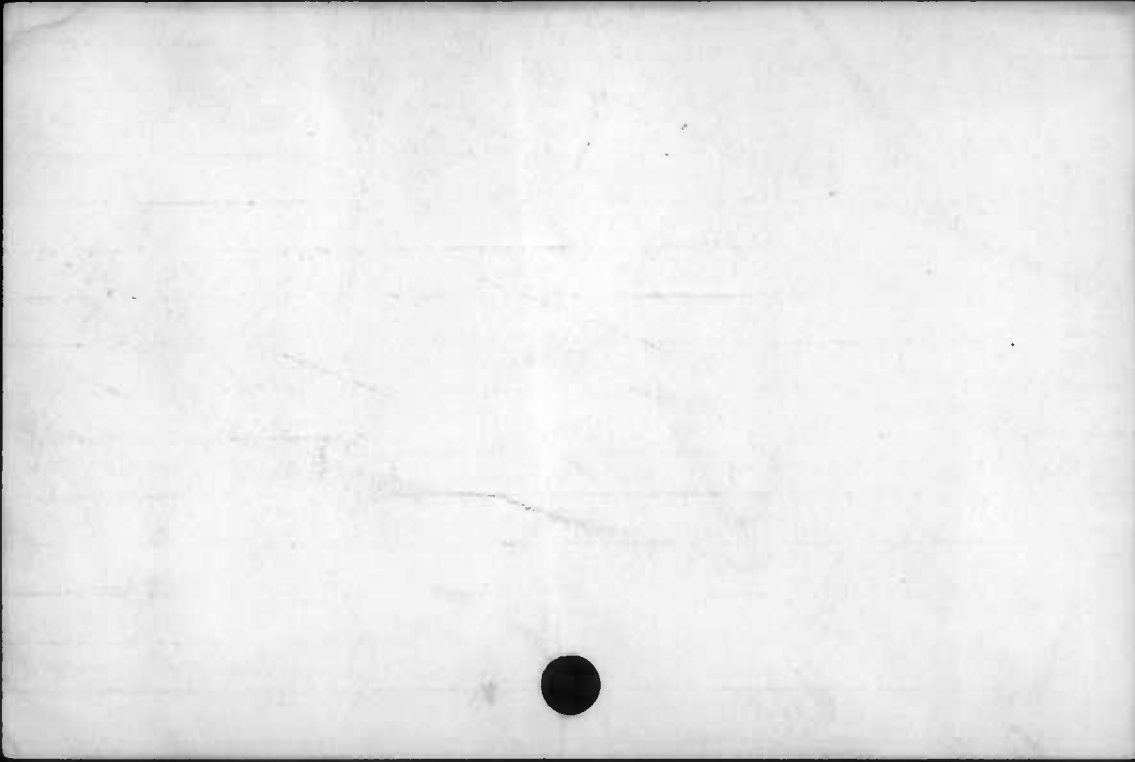
Accident or Suicidal No

Shaver
Westminster Cemetery

Name in Full John David Burns Weaver		CERTIFICATE OF DEATH	
Died at Greenmount Town		Carroll County	
Date of death 1909		Month Sept Day 1 Age 3 Years 3 Months 19 Days	
Sex male		Color or Race White	
Occupation		Birth-place Greenmount Md	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name Wilbert B Weaver		Father's Birthplace Adams Co Pa	
Mother's Maiden Name Lula F. Ebaugh		Mother's Birthplace Carroll Co Md	
Name of person giving information Wilbert B Weaver		How related to deceased Father	
CAUSES OF DEATH		105	
Primary Cholera Infantum		How long 1 day	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Sherman M.D.	
		Address Manchester Md	
Accident or Suicide?			



Name in Full <i>Gladys Lurella Welsh</i>		Town <i>Woodbine</i>		County <i>Carroll</i>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months	
		<i>1909 Sept 4</i>		<i>2</i>		<i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Woodbine</i>		Days	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Geo Wm Welsh</i>		Father's Birthplace <i>Woodbine</i>					
Mother's Maiden Name <i>Emma Harding</i>		Mother's Birthplace <i>Sykesville</i>					
Name of person giving information <i>Geo Wm Welsh</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
Primary <i>Congenital Mitral Insufficiency</i>		How long <i>From birth</i>					
Immediate <i>Exhaustion</i>		How long <i>"</i>					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E D Crank</i>		Address <i>Winfield Carroll Co</i>			
Accident or Suicide?							



Name
in
Full

Martha Wentz

CERTIFICATE OF DEATH

Died at Union Bridge

County

Carroll

MARYLAND

Date

of death

1909

Month

9

Day

23

Age

Years

67

Months

11

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Calvin

Wentz

Father's
Name

William Chew

Father's
Birthplace

Carroll Co

Mother's
Maiden Name

Martha E. Norris

Mother's
Birthplace

Carroll Co

Name of person giving
Information

Calvin Wentz

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cancer Right breast, axilla

How long

8 years

Immediate

General atherosclerosis

How long

2 years +

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. H. Legg

Address

Union Bridge

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

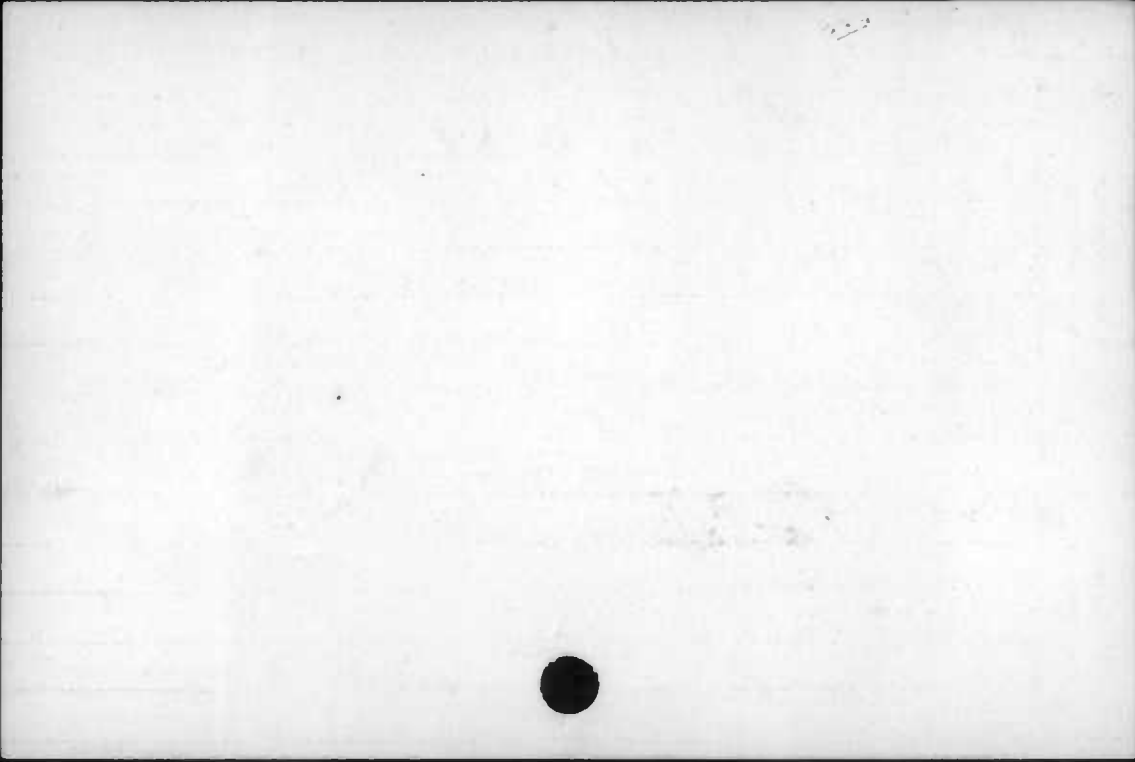
Name in Full **William M. Wilson** +
 Died at **Uniontown** Town **Carroll** County
 Date of death **1909** Month **Sept** Day **10** Age **48** Years Months **6** Days **2**
 Sex **Male** Color or Race **White** Birth-place **MD**
 Occupation **Laborer** Where Residing if not at place of death **Uniontown**
 Married, Single or Widowed **Married** Name of Wife or Husband **Ryann Wilson**
 Father's Name **Ephraim Wilson** Father's Birthplace **MD**
 Mother's Maiden Name **Burrah. a. Harris** Mother's Birthplace **MD**
 Name of person giving information **Broader Heilbrun** How related to deceased **NO.**

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary **Chronic Nephritis** How long **8 mos.**
 Immediate **General Anasarca** How long **One month**
 Are the name, age, sex, color, date and place correctly given above? **Yes**
 Signature of Physician **Lucius Henry**
 Address **Uniontown Pa**
 Accident or Suicide?



Name
in
Full

Lulu May Kinder

CERTIFICATE OF DEATH

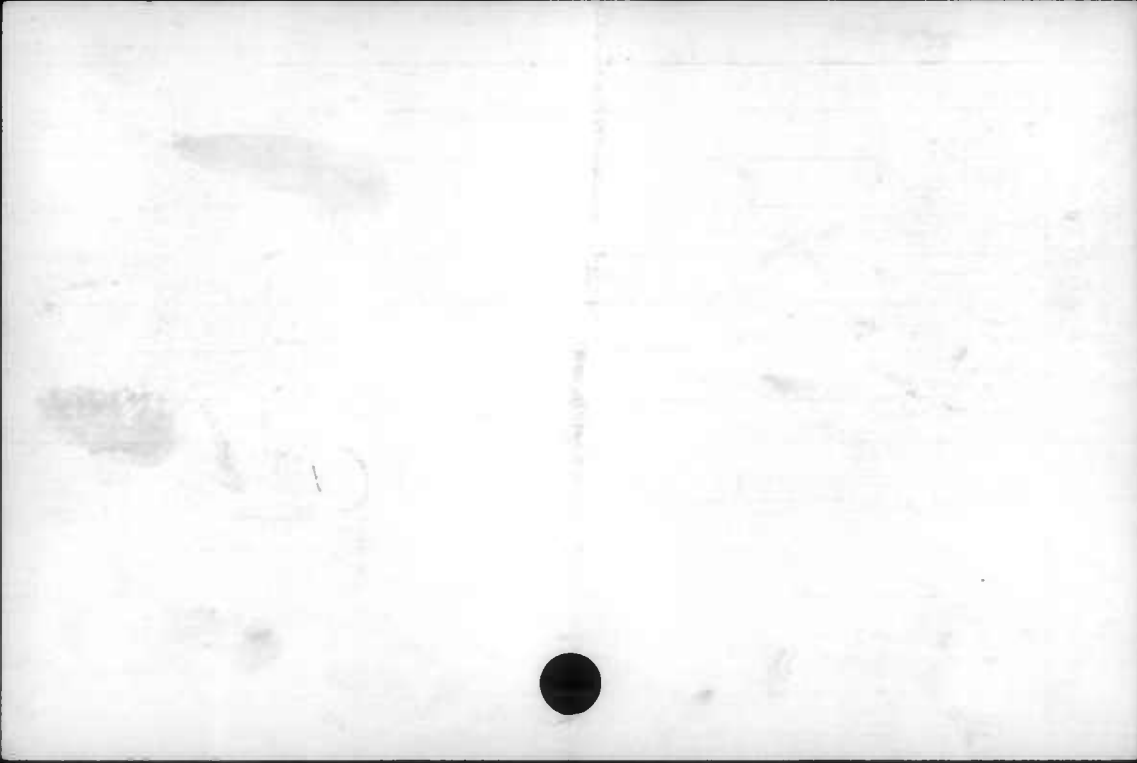
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lylesville</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	1909	Month	Sept.	Day	25
Age		27		Months	
Sex	Female	Color or Race	White	Birth-place	Ma.
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Unknown		Father's Birthplace		
Mother's Maiden Name	Unknown		Mother's Birthplace		
Name of person giving Information	Hospital Records		How related to deceased		

CAUSES OF DEATH

Primary	<u>Typhoid Fever</u>	How long	<u>17 days.</u>
Immediate	<u>Exhaustion from Toxaemia</u>	How long	<u>about 4 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>John Norfolk Morris, M. D.</u>
		Address	<u>Springfield Hospital, Lylesville, Carroll Co. Md.</u>
Accident or Suicide	<input checked="" type="checkbox"/>		

PHYSICIAN
OR CORONER



Name
in
Full

Lydia b Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

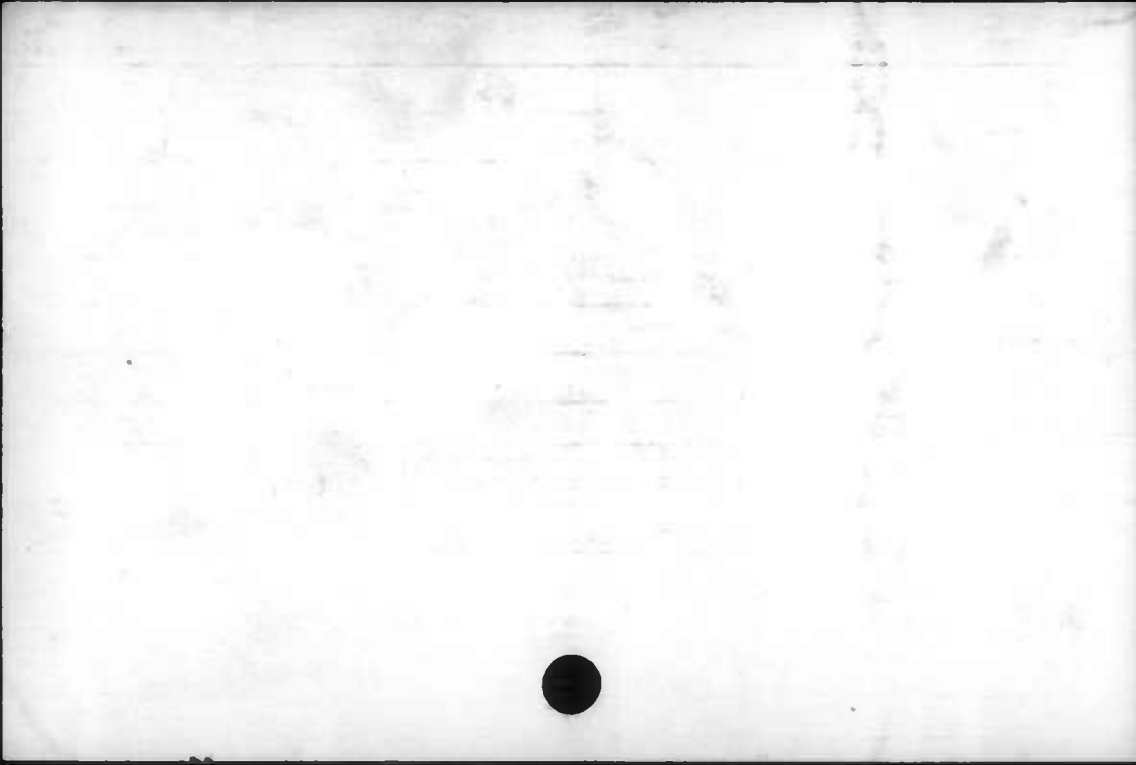
Died at <i>Woodbine</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	1909	Month	<i>Sept.</i>	Day	<i>9</i>
Age		<i>44</i>		Months	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death	<i>_____</i>	
Married, Single or Widowed	<i>Married</i>		Name of husband Husband	<i>William Wolf</i>	
Father's Name	<i>Hanson Franklin</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>Sudden</i>
Immediate	<i>Cardiac & Respiratory Paralysis</i>	How long	<i>About 20 Hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Wm B Gambrell</i>	
Address		<i>Ellicott City, Md.</i>	
Accident or Suicida			



Name
in
Full

Lillie V. Gimmern

CERTIFICATE OF DEATH

MARYLAND

Died at ManchesterCounty CarrollDate of death 1909 9 Sept.Day 6Age — YearsMonths —Days 13Sex FemaleColor or Race WhiteBirth-place ManchesterOccupation —

Where Residing if not at place of death

Married, Single or Widowed —Name of Wife or Husband —Father's Name Jacob H. GimmernFather's Birthplace ManchesterMother's Maiden Name Ann. V. ShafferMother's Birthplace HampsteadName of person giving information Jacob H. GimmernHow related to deceased Father

CAUSES OF DEATH

150

Primary Open HeartHow long Since birthImmediate ConvulsionsHow long 8 hoursAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician H.C. Preston M.D.Address Hampstead,md.Accident or Suicide? —TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

